Public Health Agency of Canada

2008-09

Departmental Performance Report

The Honourable Leona Aglukkaq
Minister of Health

Table of Contents

MINISTER'S MESSAGE III

MESSAGE FROM THE CHIEF PUBLIC HEALTH OFFICER IV

SECTION I – OVERVIEW 1

Raison d'être 2
Responsibilities 2
Strategic Outcome and Program Activity Architecture (PAA) 2

Summary of Performance 4
Performance Summary 4
Contribution of Priorities to Strategic Outcome 5
Risk Analysis 6

Expenditure Profile 9

SECTION II – ANALYSIS OF PROGRAM ACTIVITIES BY STRATEGIC OUTCOME 11

Program Activity – Health Promotion 12
Benefits for Canadians 13
Performance Analysis 13
Lessons Learned 15

Program Activity – Chronic Disease Prevention and Control 15
Benefits for Canadians 16
Performance Analysis 16
Lessons Learned 17

Program Activity – Infectious Disease Prevention and Control 18
Benefits for Canadians 20
Performance Analysis 20
Lessons Learned 21

Program Activity – Strengthen Public Health Capacity 22
Benefits for Canadians 22
Performance Analysis 23
Lessons Learned 24

Program Activity – Emergency Preparedness and Response 24
Benefits for Canadians 25
Performance Analysis 25
Lessons Learned 26

SECTION III – SUPPLEMENTARY INFORMATION **27**

Management Priorities 28
Lessons Learned 28

Financial Highlights 28
Financial Highlights Charts 29
Financial Statements 30

List of Supplementary Information Tables 30

Minister's Message

I am pleased to present the 2008-09 Departmental Performance Report for the Public Health Agency of Canada. Working collaboratively with federal, provincial, territorial and international partners, the Agency played a vital role in promoting and protecting the health of Canadians and creating a stronger public health capacity.

The Agency worked to protect the health of Canadians by strengthening Canada's emergency preparedness, including planning for pandemic influenza. Through the Agency's work, supported by its surveillance systems, nationwide quarantine service and emergency response protocols, Canada improved its position to respond to disease outbreaks, food-borne illness and other emergencies that impact human health. The magnitude of the 2008 listeriosis outbreak, a rare occurrence in Canada, required a multi-jurisdictional emergency response in which the Agency was one of many participants. The Agency coordinated and analyzed all laboratory data, and provided analyses and interpretation of genetic "fingerprints" which established the connection between cases of Listeriosis and the source of the food contamination. The Agency's work helped to mitigate the outbreak and the impacts on the health and well-being of Canadians. By continuing to learn from this experience, from an internal review, and from the Report of the Independent Investigator into the 2008 Listeriosis Outbreak, the Agency is moving ahead in enhancing the food safety system from a public health perspective.

With a focus on prevention, the Agency worked to promote good health practices among Canadians and eliminate barriers to healthy behaviours. For example, the Canadian Prenatal Nutrition Program provided funding to community groups to develop or enhance programs for vulnerable pregnant women with the aim to improve the health of both infant and mother through nutritional guidance, food supplements, and education/counselling on health and lifestyle issues. The Agency also entered into bilateral agreements with every province and territory to help address the challenges of physical inactivity and unhealthy eating. Many of the projects funded through these agreements support healthy lifestyles among youth.

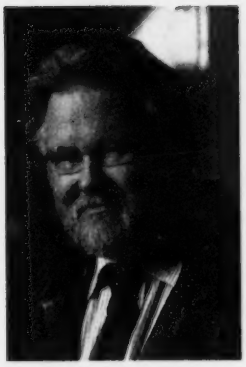
Immunization programs across Canada continued to mitigate infectious diseases, including life threatening diseases such as meningococcal meningitis and infectious agents of chronic diseases like cervical cancer. These programs fostered federal, provincial and territorial cooperation to provide Canadians with equitable access to immunization protection across the country. Also, to enable Canadian travellers to make informed decisions, the Agency jointly published with Foreign Affairs and International Trade Canada, *Well on Your Way, A Canadian's Guide to Healthy Travel Abroad*.

With the Agency's support, a set of core competencies for public health professionals - the essential knowledge, skills and attitudes necessary for the practice of public health – were developed for use by provinces, territories, local jurisdictions and other federal departments and agencies.

In support of a stronger public health system in Canada and around the world, I am proud to report on the significant achievements made by the Agency during 2008-09.

The Honourable Leona Aglukkaq
Minister of Health
Government of Canada

Message from the Chief Public Health Officer



Today, there is a clear recognition of the importance of public health activities to Canada's overall well-being, and of the valuable role played by the Public Health Agency of Canada in improving and protecting the health of Canadians.

I take satisfaction in presenting this performance report, which provides an accounting of how the Agency's dedicated staff across the country made progress in fulfilling our vision of healthy Canadians and communities in a healthier world.

Public health is a combination of programs, services and policies that protect and promote the health of all Canadians. It involves the organized efforts of all three levels of government in collaboration with a wide variety of stakeholders and communities across the country and around the world. The Agency leads the federal government's work on promoting health, preventing and controlling chronic and infectious diseases, and preparing for and responding to human health disasters and emergencies.

One of my legislated responsibilities as Chief Public Health Officer is to report annually on the State of Public Health in Canada – it is a means of highlighting certain pressing public health issues with Canadians and Parliamentarians, and encouraging thought on possible solutions. In June 2008, my Report on the State of Public Health in Canada provided a broad look at the overall health of Canadians as well as disparities in health and other issues. This first report had a special focus on health inequalities intended to start a discussion among all Canadians on how we can move forward to build on Canada's successes in addressing health inequalities.

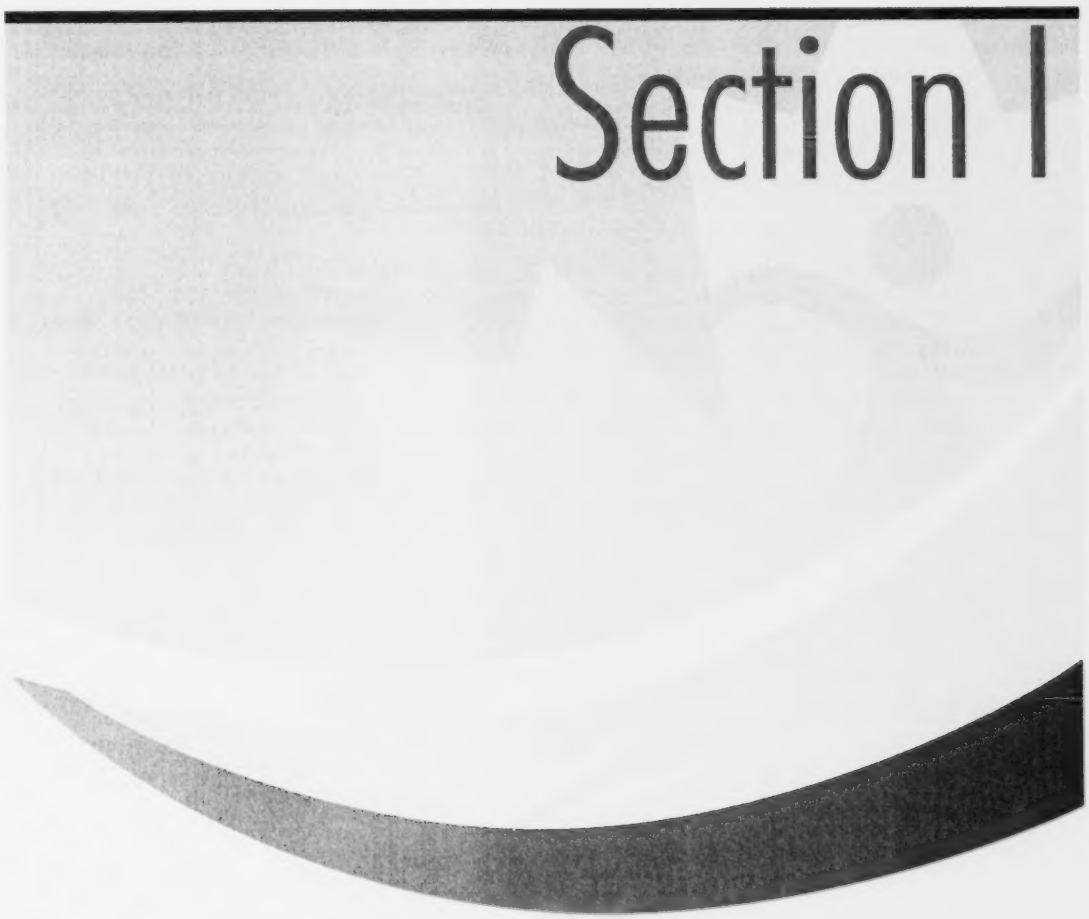
The Agency continued improving Canada's pandemic influenza readiness through the development of Canada's pandemic preparedness plan, purchasing and distributing antiviral drugs and planning for the rapid production of a vaccine. The preparatory work done during 2008-09 and previous years was put to the test in the recent H1N1 outbreak.

Some programs within the Agency focus on identified health needs of specific populations. For example, the Agency's Aboriginal Head Start Program is helping to address the spiritual, physical, nutritional, emotional and intellectual needs of thousands of young Aboriginal children living in urban centres and northern communities by employing strategies developed and managed by Aboriginal people by focusing on culture and language, education, health promotion, social support and parental involvement.

I am proud of everything the Agency continues to accomplish. It is through its many achievements and exceptional work that the Agency continues to be a world leader in public health.

David Butler-Jones, M.D.
Chief Public Health Officer

Overview



Raison d'être

Public health involves the organized efforts of society to keep people healthy and to prevent injury, illness and premature death. It is a combination of programs, services and policies that protect and promote the health of all Canadians. In Canada, public health is a responsibility that is shared by the three levels of government, the private sector, non-government organizations, health professionals and the public.

In September 2004, the Public Health Agency of Canada (Agency) was created within the federal Health Portfolio to deliver on the Government of Canada's commitment to help protect the health and safety of all Canadians, to increase its focus on public health, and to contribute to improving health and strengthening the health care system. Its activities focus on promoting health, preventing and controlling chronic and infectious diseases, preventing injuries and preparing for and responding to public health emergencies.

Responsibilities

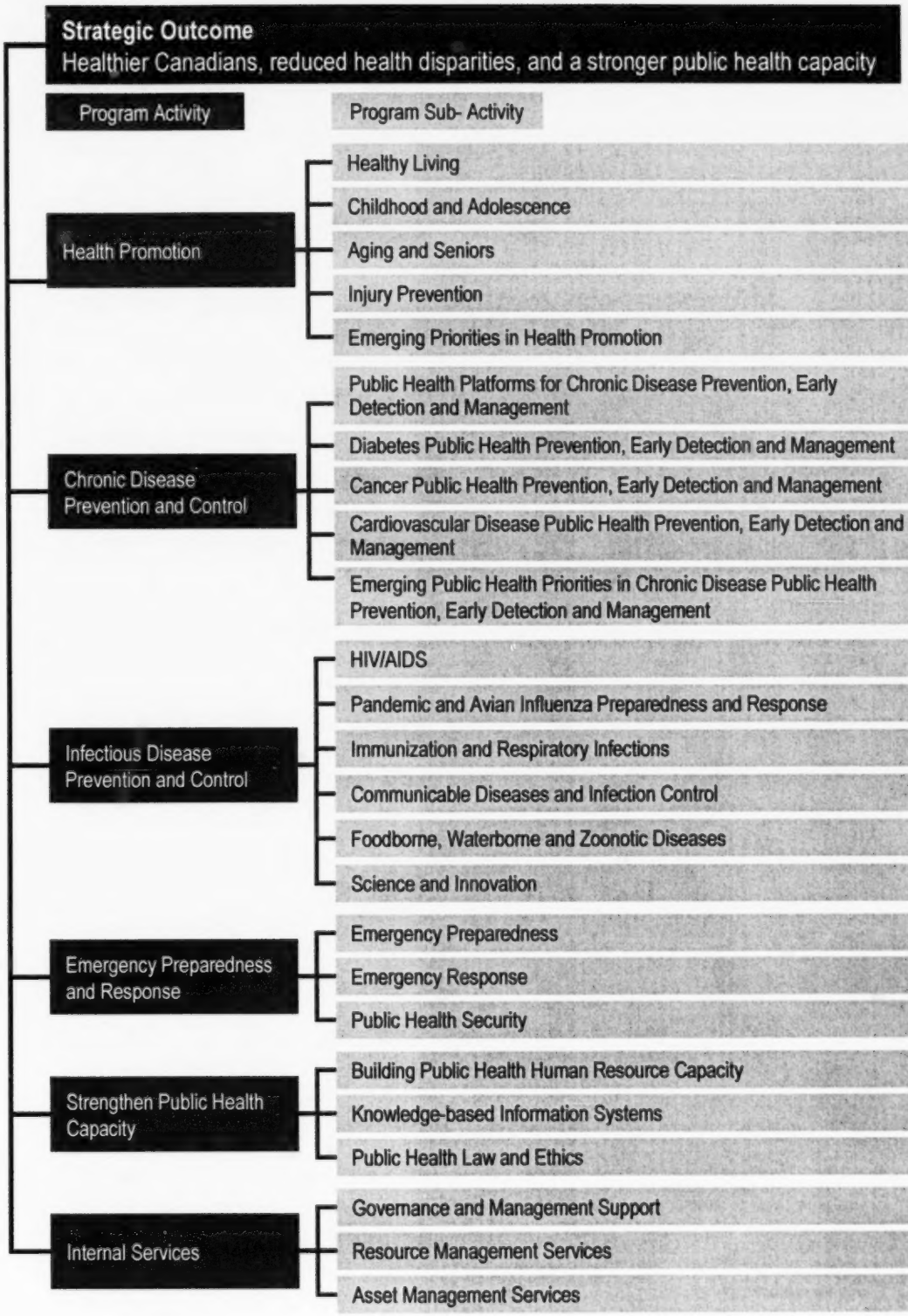
The Agency has the responsibility to:

- contribute to the prevention of disease and injury, and the promotion of health;
- provide federal leadership and accountability in managing public health emergencies;
- serve as a central point for sharing Canada's expertise with the rest of the world and applying international research and development to Canada's public health programs; and
- strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning.

In December 2006, the *Public Health Agency of Canada Act* came into force, giving the Agency the statutory basis to continue fulfilling these roles.

Strategic Outcome and Program Activity Architecture (PAA)

In order to effectively pursue its mandate, the Agency aims to achieve a single strategic outcome of healthier Canadians, reduced health disparities, and a stronger public health capacity supported by its Program Activity Architecture (PAA) depicted in the following figure. In fiscal year 2008-09, the Agency initiated the renewal of the Agency's existing PAA to address Management Accountability Framework (MAF) Round V assessment results and address conditions as part of the 2009 Strategic Review approval letter. The 2010-11 PAA and supporting Performance Measurement Framework (PMF) were subsequently approved by Treasury Board in Spring-Summer 2009.


Strategic Outcome
Healthier Canadians, reduced health disparities, and a stronger public health capacity
Program Activity
Program Sub- Activity
Health Promotion
Healthy Living
Childhood and Adolescence
Aging and Seniors
Injury Prevention
Emerging Priorities in Health Promotion
Chronic Disease Prevention and Control
Public Health Platforms for Chronic Disease Prevention, Early Detection and Management
Diabetes Public Health Prevention, Early Detection and Management
Cancer Public Health Prevention, Early Detection and Management
Cardiovascular Disease Public Health Prevention, Early Detection and Management
Emerging Public Health Priorities in Chronic Disease Public Health Prevention, Early Detection and Management
Infectious Disease Prevention and Control
HIV/AIDS
Pandemic and Avian Influenza Preparedness and Response
Immunization and Respiratory Infections
Communicable Diseases and Infection Control
Foodborne, Waterborne and Zoonotic Diseases
Science and Innovation
Emergency Preparedness and Response
Emergency Preparedness
Emergency Response
Public Health Security
Strengthen Public Health Capacity
Building Public Health Human Resource Capacity
Knowledge-based Information Systems
Public Health Law and Ethics
Internal Services
Governance and Management Support
Resource Management Services
Asset Management Services

Summary of Performance

2008–09 Financial Resources ($ millions)

Planned Spending	Total Authorities	Actual Spending
590.6	632.4	582.9

2008–09 Human Resources (Full-Time Equivalents - FTEs)

Planned	Actual	Difference
2,452	2,338	114

Significant progress was made during the year on staffing; however, Full-Time Equivalents still fell short by 114 due to delays in the staffing process given difficulties in finding highly skilled and technically qualified candidates.

Performance Summary

Strategic Outcome: Healthier Canadians, reduced health disparities and a stronger public health capacity		
Performance Indicators	**Targets**	**2008–09 Performance**
Health-adjusted life expectancy (HALE) at birth	Baseline data	68.3 years (males); 70.8 years (females)*
The difference, in years, in HALE at birth between the top-third and bottom-third income groups	Baseline data	4.7 years (males); 3.2 years (females)*

* 2001 data are the most recent available. The feasibility of developing these performance indicators for use on an ongoing basis nationally is under consideration, with the intention of establishing new baselines and targets by 2010-11.

($ millions)

Program Activity	2007-08 Actual Spending	2008-09				Alignment to Government of Canada Outcomes
		Main Estimates	Planned Spending	Total Authorities	Actual Spending	
Health Promotion	192.1	203.6	203.5	217.4	200.8	Healthy Canadians
Chronic Disease Prevention and Control[1]	41.2	69.0	69.0	62.4	52.9	Healthy Canadians
Infectious Disease Prevention and Control[1]	199 3	234 9	234.9	273.4	256.1	Healthy Canadians
Emergency Preparedness and Response	121.3	39.0	39.1	34.5	30.9	Safe and Secure Canada*
Strengthen Public Health Capacity	53.0	44.1	44.1	44.8	42.1	Healthy Canadians
Total	606.9	590.5	590.6	632.4	582.9	

Note: Total excludes cost of services received without charge. Due to rounding, there may be insignificant variances.

[1] The former Program Activity Disease Prevention and Control, 2007-08 actual spending has been pro-rated between Chronic Disease Prevention and Control and Infectious Disease Prevention and Control based on 2008-09 Actual Spending.

Funding received for the operating budget carry-forward from 2007-08, collective bargaining agreements, and non-controllable salary costs were the main reasons for the $41.8 million difference between Planned Spending and Total Authorities.

Funding re-profiles required to better align funding with anticipated expenditures such as Vaccine Readiness Fee and National Antiviral Strategy; the recent federal election, which caused delays in Grants and Contributions solicitations as well as in procurements; and difficulties in finding highly skilled and technically qualified candidates, resulted in Actual Spending being $49.5 million lower than Total Authorities.

* Formerly *"Safe and Secure Communities"*.

Contribution of Priorities to Strategic Outcome

Operational Priorities	Type	Status	Linkages to Strategic Outcome
To develop, enhance and implement integrated and disease-specific strategies and programs for the prevention and control of infectious disease	Ongoing	Mostly Met	The Agency contributed to healthier Canadians by collaborating both domestically and internationally on immunization and vaccine-preventable diseases; took a leadership role in the Federal Initiative to Address HIV/AIDS in Canada; and provided surveillance for infectious diseases.
To develop, enhance and implement integrated and disease -or condition-specific strategies and programs to promote health and prevent and control chronic disease and injury	Ongoing	Mostly Met	The Agency contributed to healthier Canadians through initiatives aimed at improved overall health for Canadians, a lower number of Canadians who develop chronic diseases, and a better quality of life and fewer complications for Canadians living with chronic diseases, using an appropriate mix of interventions.
To increase Canada's preparedness for, and ability to respond to, public health emergencies, including pandemic influenza	Ongoing	Mostly Met	The Agency contributed to a stronger public health capacity by engaging in emergency preparedness and response planning with federal, provincial and territorial departments and agencies, and non-governmental organizations to identify emerging priorities, establish work plans and coordinate activities. The Agency responded to challenges and risks related to globalization, infectious disease surveillance, food-borne hazards and zoonotic incidents. A health portfolio mass gathering plan was developed. These program activities enhanced the Agency's readiness capacity to mitigate public health risks and emergencies of national and international significance and ensure the health, safety, and security of Canadians.
To strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity	Ongoing	Mostly Met	The Agency contributed to stronger public health capacity by cultivating a sustainable, highly skilled workforce; by fostering the development of tools, frameworks and collaborative networks to increase and share public health information; and by supporting the development and application of legal and ethical strategies, tools and best practices to improve the understanding of the implications of public health interventions. Further improvements will be achieved as these activities become established and are modified in response to public health events.
To lead several government-wide efforts to advance action on the determinants of health	Ongoing	Mostly Met	The engagement of other federal departments, whose policy and initiatives have a significant impact on determinants of health, is a critical first step in taking action to reduce health inequalities. Several departments have been actively engaged on key issues such as: income and health - building an economic case for action; health as a determinant of productivity; the private sector role; and follow-up to the May 2008 Report by the Senate Subcommittee on Population Health. This initial engagement will lead to further collaborative action to increase federal policy coherence and contribute to the reduction of health inequalities.

Management Priorities	Type	Status	Linkages to Strategic Outcome
To develop and enhance the Agency's internal capacity to meet its mandate	Ongoing	Mostly Met	The Agency's Management, Results and Resources Structure (MRRS) was renewed and received Treasury Board approval on May 28, 2009. The renewed MRRS is an improved depiction of the Agency's mandate and is articulated at a sufficient level of materiality to reflect how the organization allocates and manages its resources. This supports improved results-based management practices, demonstrates value for money, and provides key stakeholders with the information necessary to support decision-making. The Agency launched its first comprehensive 2009-10 Integrated Operational Planning process in support of Public Service Renewal to translate commitments into tangible, effective operational program delivery, program support and management activities for the following year. The Agency underwent a Strategic Review to identify areas for reallocation in support of the Government of Canada's renewal of the Expenditure Management System. The Agency participated in the MAF assessment which identified areas of improvement such as business continuity planning, information, asset and project management, procurement and citizen-focused service. In addition, the Agency developed an Integrated Risk Management Framework as a tool to support its work, including the MAF.

Risk Analysis

The Agency operates within changing socio-economic, cultural and environmental conditions that may positively or adversely affect the public health of Canadians. The Agency responded to challenges and risks related to the surveillance of infectious diseases, globalization, food-borne hazards and zoonotic outbreaks/incidents, demographic trends, public preparedness and response during mass gatherings.

In May 2008, the Auditor General of Canada (OAG) submitted to Parliament a report that focused on *Surveillance of Infectious Diseases*. It concluded that the Agency has surveillance systems in place to detect and monitor existing and emerging diseases in Canada, but fundamental weaknesses that were previously noted remained. The Agency had taken steps to respond to past recommendations, but had not made satisfactory progress on those related to strategic directions, data quality, results measurement, and information sharing. Critical arrangements such as procedures for notifying other parties and protocols affecting the collection, use, and disclosure of personal information were still not in place. The lack of up-to-date federal legislation and recent changes to provincial and territorial privacy legislation had led to questions regarding the Agency's authority to collect public health information. In response, the Agency agreed to conduct a review of its legislative and regulatory authorities for the collection, use, and disclosure of public health research and surveillance information in 2009-10. The Agency also established a Surveillance Coordination Unit to support the Agency's surveillance governance structure and to implement the 2007-12 Surveillance Strategic Plan. In addition, the Agency completed revisions to case definitions for notifiable diseases with a pre-publication

PHAC facts...
In September 2008, Federal, Provincial and Territorial Ministers approved a multi-lateral F/P/T Memorandum of Understanding on Information Sharing During a Public Health Emergency. Development of information sharing agreements continued within the pan-Canadian Public Health Network to cover the broad scope of information sharing needed for public health. Information sharing agreements are complex intergovernmental documents that require extensive consultation which includes: identification of needs and required resources, development of mandates, clarification of roles and responsibilities and careful drafting and review by all parties before approval.

copy provided to all provinces and territories. As of March 31, 2009, one province had signed the standards for notifiable diseases. The Agency will continue to work towards finalizing more of these data-sharing arrangements with provinces and territories. Furthermore, in response to the May 2009 Committee Report, the Agency will provide an interim status report to the Public Accounts Committee on its progress in implementing the OAG recommendations by September 30, 2009, and annual status reports until the recommendations are fully implemented.

Globalization has resulted in higher international migration for commerce and travel. This trend increases the likelihood of an infectious disease outbreak and the speed of its transmission within Canada. To mitigate public health risks associated with increased international travel, Canada committed to complying with the International Health Regulations (IHRs) by 2012. In addition, the Agency established stringent made in Canada requirements.

PHAC facts...
The International Health Regulations are a set of rules and procedures agreed upon by 193 countries aimed at reducing threats to global health by governing key elements in the prevention and control of infectious disease. The Agency has the mandate to coordinate IHR implementation efforts in Canada across federal, provincial/territorial and local authorities, and is working jointly with Health Canada to achieve this end.

Global food supply chains and increasing consumer demand for convenience have significantly changed the way in which food is produced, processed, packaged, distributed and sold around the world. In addition, increased demand for greater diversity in imported ethnic foods means that food may enter Canada from countries that may not be as strictly regulated. Canada may fail to detect, track and/or mitigate food-borne pathogens, toxins, chemical contaminants and other food-borne hazards both of domestic and international origin that could pose a public heath risk to Canadians. In 2008-09, the Emergency Operations Centre was activated within 24 hours for a Listeriosis outbreak linked to ready-to-eat meats and for Melamine contamination in food. The Agency released a Lessons Learned Report following a thorough review of the steps taken during last year's Listeriosis outbreak. It identified a need for more formalized approaches in addressing outbreaks. Additionally, it proposed concrete steps to ensure processes and materials are updated, communicated and tested. It also recommended steps to enhance Agency capacity. Together with Health Canada and the Canadian Food Inspection Agency (CFIA), the Agency is now working in closer cooperation with provincial and territorial health authorities to protect the public from these outbreaks. In April 2008, the three departments signed a Memorandum of Understanding to support collaboration and coordination for issues involving zoonotic diseases and the potential impacts on human and animal health. In May 2008, the Agency and CFIA signed a Letter of Agreement to establish a collaborative integrated process for the development of surveillance and risk assessment mechanisms to anticipate and prepare for potential non-food-borne zoonotic diseases.

PHAC facts...
The Agency provided expertise on food-borne, waterborne, and zoonotic diseases to the provinces, the Canadian Food Inspection Agency and Health Canada. The Agency supported 52 investigations, coordinated 11 multijurisdictional investigations, and collaborated on 18 international investigations of outbreaks.

The 2006 Census showed that Canada had the fastest-growing population among the G-8 countries between 2001 and 2006 mainly due to immigration. The population is also aging, with the number of Canadians aged 65 years and older almost doubling since 1970. This change has notable effects on the number of Canadians living with chronic diseases. Rates of chronic diseases (such as cancer, diabetes and cardiovascular diseases) are rising which creates increased burdens on health care systems, communities, families and individual Canadians. The Agency is working with provincial and territorial governments and non-governmental organizations to identify strategies to prevent chronic diseases and facilitate their implementation. In Canada, the Aboriginal population is relatively young, has a higher than average rate of injuries and disease, and is growing almost twice as fast as the country's general population. While Canada is the second largest country in the world in terms of land mass with many rural and remote northern populated areas, at the same time it is one of the most urbanized. Research has demonstrated

PHAC facts...
The increasing incidence of chronic diseases is a significant challenge since 81% of all Canadian deaths are caused by major chronic diseases. Chronic diseases such as cancer, cardiovascular diseases, diabetes, lung diseases and arthritis result in four out of five deaths in Canada (Public Health Agency of Canada, 2009, using Statistics Canada *Vital Statistics*).

that economic factors, including rising unemployment, negatively impact population health. The growth in Canada's vulnerable populations, together with increasing income inequality and economic uncertainty pose risks of higher health inequalities and growing chronic and infectious disease burdens associated with the economic, geographic and social inequalities. These trends are considered by the Agency in order to develop public health responses to reduce health inequalities and improve the health for all Canadians.

There is increasing recognition and expectation for public preparedness and response during mass gatherings such as the 2010 Winter Olympics in Vancouver, British Columbia. The Agency prepared a health portfolio mass gathering plan and conducted 2010 Winter Games Exercise Silver which involved federal, provincial, territorial and some US state government departments. The Agency actively participated in three scenarios which focused on an influenza outbreak, an unidentified illness and a chemical attack. Information from those exercises was used to strengthen capacity to address any possible health risks from natural disasters, disease outbreaks, accidents and potential criminal or terrorist threats.

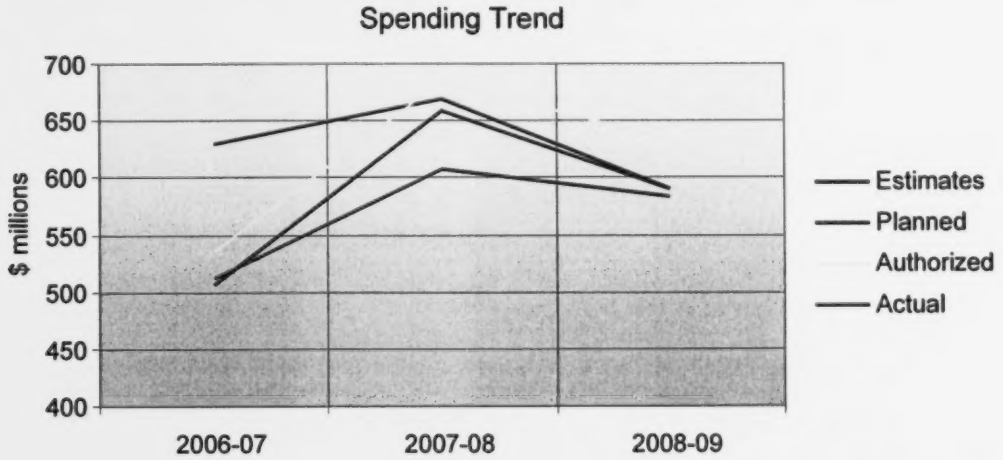
To address challenges facing all levels of governments in Canada related to public health capacity and surge capacity, the Agency provided training opportunities, identified competencies and delivered distance learning for public health, provided scholarships and bursaries for research work and career advancement in public health, deployed human resources in support of surveillance and disease control as part of surge capacity in jurisdictions and began negotiating with Agency partners for these deployments across Canada.

The Agency had some human resource recruitment challenges that impacted its ability to meet all of its Report on Plans and Priorities (RPP) commitments. While Full Time Equivalents increased by 8% from the previous year, they remained 4.6% (114) below plan. Delays in staffing due to difficulties in recruiting staff with public health specialization, and a shortage of available office space for public servants are some of the factors that contributed to the complexity of recruiting and retaining of qualified personnel.

Expenditure Profile

The Agency received funding announced in Budget 2006 for Avian and Pandemic Influenza Preparedness. This initiative provided significant resources in 2007-08 to build national capacity to prepare for and respond to a pandemic event. Hence, significantly large expenses occurred in 2007-08 to purchase antivirals and personal protective equipment for building national stockpiles after which expenditures were expected to stabilize.

As previously noted, Actual Spending for 2008-09 was $49.5 million lower than Total Authorities primarily resulting from the re-profiling of the funding for Vaccine Readiness Fees and National Antiviral Strategy to future years to better align with the anticipated expenditure; the October 2008 federal election, which caused delays in Grants and Contributions solicitations as well as in procurements; and difficulties in finding highly skilled and technically qualified candidates.



Voted and Statutory Items
($ millions)

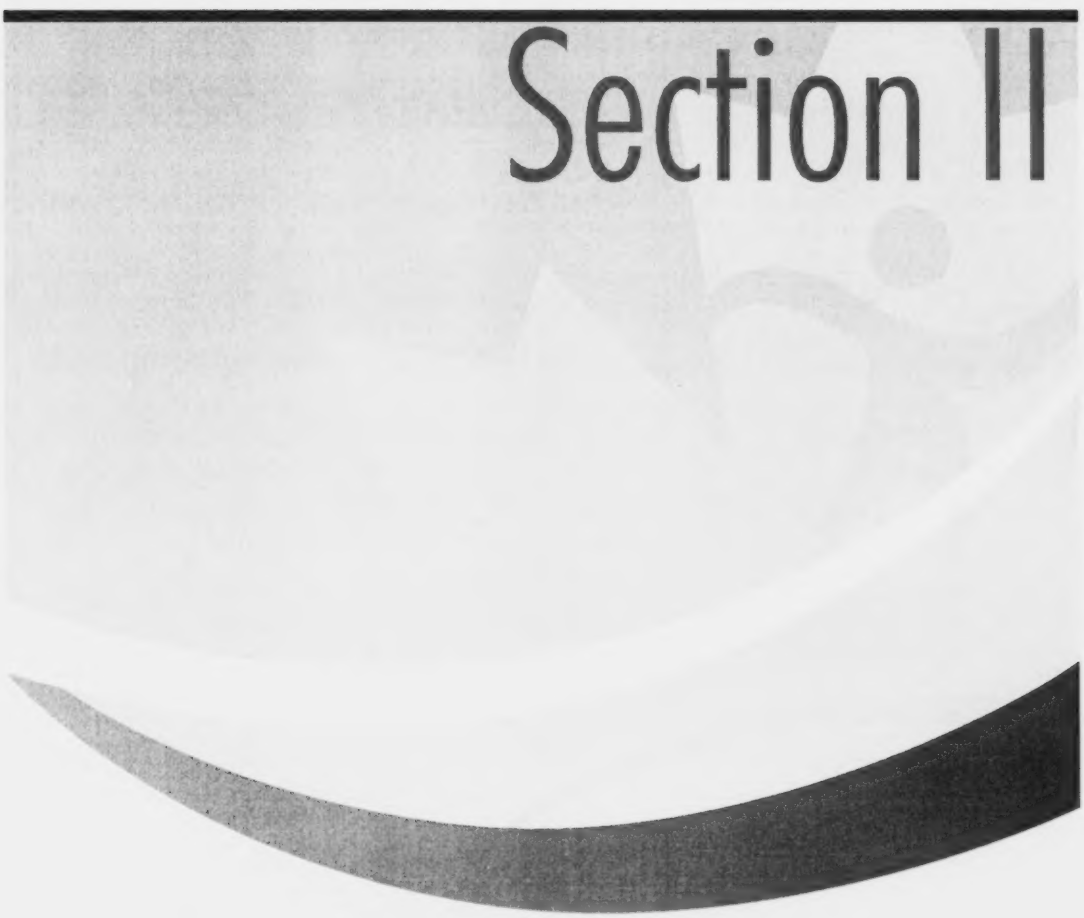
Vote # or Statutory Item (S)	Truncated Vote or Statutory Wording	2006-07 Actual Spending	2007-08 Actual Spending	2008-09 Main Estimates	2008-09 Actual Spending
40*	Operating expenditures	305.4	393.3	360.5	371.3
45*	Grants and Contributions	182.2	188.7	199.6	184.2
(S)	Contributions to employee benefit plans	23.2	24.9	30.4	27.3
Total		**510.8**	**606.9**	**590.5**	**582.9**

* In 2006-07 and 2007-08, Votes 40 and 45 were numbered Votes 35 and 40 respectively.

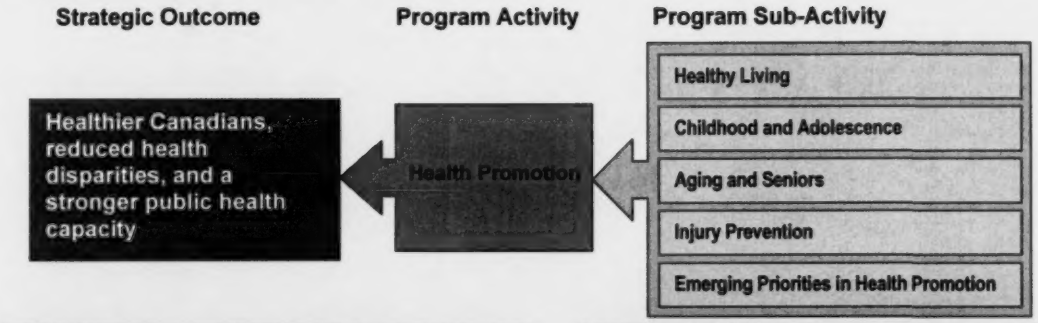
Actual Spending in Operating Expenditures is higher in 2007-08 than in 2008-09 mainly due to large purchases to build up the National Emergency Stockpile, which did not occur to the same degree in 2008-09.

Actual Spending in Grants and Contributions was lower in 2008-09 by $4.5 million as a result of delays in issuing solicitations for new projects during the 2008 federal election period.

Analysis of Program Activities by Strategic Outcome



Program Activity – Health Promotion



Financial Resources ($ millions) 2008-09			Human Resources (Full-Time Equivalents) 2008-09		
Planned Spending	Total Authorities	Actual Spending	Planned	Actual	Difference
203.5	217.4*	200.8**	543	518	25***

*Several new programs were approved during the year, such as a Named Grant to the Canadian MedicAlert Foundation, Action Plan for the Protection of Human Health from Environmental Contaminants, and the Federal Elder Abuse Initiative, as well as funding for collective bargaining agreements and non-controllable salary costs. These increases were offset by a transfer predominantly for the Children's Fitness Tax Credit, all of which reflects a $13.9 million increase between Planned Spending and Authorities.

**Delays in staffing, which resulted in the postponing of contracts, as well as delays in the approval and solicitation process for transfer payments resulted in Actual Spending being $16.6 million lower than Authorities.

***Delays in the staffing process arising from difficulty in finding qualified personnel because of low labour market availability for positions requiring unique public health specialization impacted the spending pattern and this area was not able to staff 25 Full-Time Equivalents.

Program Activity Expected Result(s): Canadians are supported in making choices that promote healthy human development

Performance Indicators	Actual Results	Performance Summary
Produced and distributed knowledge, practice and policy products related to innovation in health promotion	111 knowledge, practice and policy products produced and disseminated	Produced and distributed health knowledge products to support and inform healthy public policy and practice, for use by health professionals, policy makers, researchers and educators who provide direct and indirect support to Canadians in making choices that improve their health and well being, particularly among vulnerable groups (e.g., seniors, children, Aboriginal peoples, and new Canadians).
External cross-government and cross-sectoral collaborations	81 cross-government and multi-sectoral collaborations	Established and maintained formal and informal collaborations with health professionals, researchers, provinces and territories, consumer and advocacy groups, and international experts in order to address determinants of health issues and the needs of specific populations including seniors, families, and children. Collaboration between the Agency and Pan-Canadian experts in the development and evaluation of Fetal Alcohol Spectrum Disorder (FASD) prevention initiatives at the community, provincial and territorial, and national levels resulted in the creation of a broadly disseminated four-part framework for preventing FASD and improving the outcomes for those living with it.

Health promotion programs, activities and initiatives directed at Canadians	23 health promotion programs, activities and initiatives	The Agency promoted health and healthy conditions including enhanced participation of an estimated 100,000 vulnerable pregnant women, infants, children and families through community-based children's programming.

Benefits for Canadians

The Agency worked with partners, stakeholders and other jurisdictions to promote health across Canada. The Agency played a leadership role in these efforts through the development of knowledge, policies and initiatives that assist Canadians in making healthier choices in their day-to-day lives, thereby improving their overall health and quality of life.

Performance Analysis

While health promotion activities have been an integral part of Canada's health system for many years, they are now more important than ever. The growth of chronic diseases is challenging governments worldwide. Without effective health promotion and prevention efforts, costs to society will continue to escalate, posing long-term implications for economic productivity and prosperity.

PHAC facts...
The Agency and the World Health Organization (WHO) developed a scheme for grading the evidence of the effectiveness of health promotion interventions published in the *Journal of Epidemiology and Community Health*.

The Agency helps Canadians make healthy choices by working with national and international partners to develop and strengthen health promotion activities in three areas:

- Developing knowledge and evidence to determine effective strategies for supporting Canadians in making healthy choices;
- Promoting and enabling healthy environments; and
- Providing federal leadership to address key health issues.

Developing Knowledge and Evidence for Effective Health Promotion Strategies

The Agency continued to develop the knowledge and evidence required to support health promotion strategies to prevent, and reduce the impact of, health problems and disorders in Canadians. The Agency produced a variety of knowledge products, such as surveillance reports, guidelines, fact sheets and publications in scientific journals. This included the *Canadian Perinatal Health Report - 2008*, and published papers on topics ranging from birth asphyxia to body checking and injuries in minor hockey. Making use of its national health surveillance programs, the Agency released the *What Mothers Say: the Canadian Maternity Experiences Survey* based on a sample size of over 6,000 women across Canada. For the first time in Canada, this report provides national information about maternity experiences, as reported by women themselves. The report provides a better understanding of maternal and child health in Canada and it will help health care and public health providers, policy makers, and families work toward strengthened maternity health services and improved maternal and infant health in Canada.

PHAC facts...
Over 62,000 hard copies of the *Sensible Guide to a Healthy Pregnancy* have been requested and delivered. The online guide is one of the most frequently downloaded files linked to the healthycanadians.ca website.

As the understanding of adolescent health is critical to effective health promotion, the Agency released Healthy Settings for Young People in Canada, the report of the fifth cycle of the World Health Organization cross-national study Health Behaviour in School-Aged Children.

The Agency also developed an Innovation Strategy to provide funding for the development, implementation and evaluation of innovative and promising population health interventions that support Canadians through more effective action on the underlying protective factors, conditions and skills that enhance health and well-being. A key objective of the Strategy is to enhance practice-based evidence of effectiveness and disseminate this information to public health practitioners across Canada.

PHAC facts...
As an important emerging area, the Agency worked with other levels of government, stakeholders, and the Mental Health Commission of Canada in order to better understand how to address mental health promotion and mental illness prevention (e.g., November 2008 National Think Tank on Mental Health Promotion and Mental Illness Prevention).

Promoting and Enabling Healthy Environments

The Agency promotes and enables healthy environments for Canadians by entering into partnerships with stakeholders and other levels of government. The Agency funded 13 national projects aimed at improving the physical activity levels and healthy eating practices of Canadians. The Boys and Girls Club of Canada, for example, received funding to provide after-school healthy living programs for at-risk children and youth. Through their *Get B.U.S.Y.! (Building the Ultimate and Sensational You)* project, a User's Guide and Journal were produced to support staff and youth training, program implementation and monitoring for 10 pilot sites across Canada. These resources are available nation-wide through all Boys and Girls Clubs of Canada. Also within the scope of this project, Cool Move Crews were established to train youth as leaders or mentors and they lead younger children in various physical activities.

The Agency also entered into bilateral agreements with every province and territory to assist in the delivery of a pan-Canadian response to the challenges of physical inactivity, unhealthy eating, and their relationship to healthy weights. Regional projects funded through these bilateral agreements to help improve the physical activity and healthy eating practices of Canadians include 10 jointly funded by the Agency and the provinces and territories, as well as 7 funded solely by the Agency. There are 22 additional projects funded solely by the provinces and territories that form part of the base for federal matching funds. Four of the jointly funded projects and all 7 of the Agency funded projects target children and youth.

PHAC facts...

Representatives from the Agency joined over 1200 delegates from approximately 100 countries during the 6th World Conference on Injury Prevention and Safety Promotion in Mérida, Mexico to discuss the following themes:

- Transportation Safety
- Violence
- Suicide and self-injuries
- Occupational safety
- Unintentional injuries
- Emergency response, trauma care and rehabilitation
- Building capacity
- Policy
- Advances in injury research and surveillance

Providing Federal Leadership

Research and evidence illustrate that action can be taken to improve the life circumstances of those most vulnerable to poor health, by reducing health inequalities and improving the overall health of the Canadian population. The Agency developed a framework to improve the effectiveness of current health promotion and disease prevention interventions by influencing the underlying factors in the social, physical, and economic environments that promote either risk or resiliency in relation to various health outcomes (e.g., chronic and infectious diseases, injuries). The Agency used this framework to steward action across federal departments to address health inequalities by: targeting specific underlying conditions; providing knowledge; building understanding; and developing tools (e.g., health impact assessment).

The Agency supported influencing the key environments (i.e., the home, family and school) for the healthy development of children. The Canada Prenatal Nutrition Program (CNCP), Community Action Program for Children (CAPC), and Aboriginal Head Start for Urban and Northern Communities (AHSUNC) build capacity in communities to develop healthy family environments for vulnerable populations. In 2008-09, The Agency funded 330 CPNP projects, 450 CAPC projects and 129 AHSUNC projects for populations at-risk of poorer health outcomes.

The Agency initiated the development of a federal plan to address the escalating trend of overweight and obesity in Canada. The federal approach to counteract overweight and obesity will build upon initiatives aimed at better understanding, promoting, and facilitating conditions in the social, physical and economic environment that are supportive of health. As a first step, the Agency identified a range of possible measures that could contribute to tackling overweight and obesity in Canada, such as improving information and messages that children receive about healthy eating.

PHAC facts...

Based on 2004 data, more than one quarter of Canadian children and youth and almost 60% of adults were overweight or obese. Self-reported rates of obesity across Canada have increased from 2003 to 2005 and again in 2007

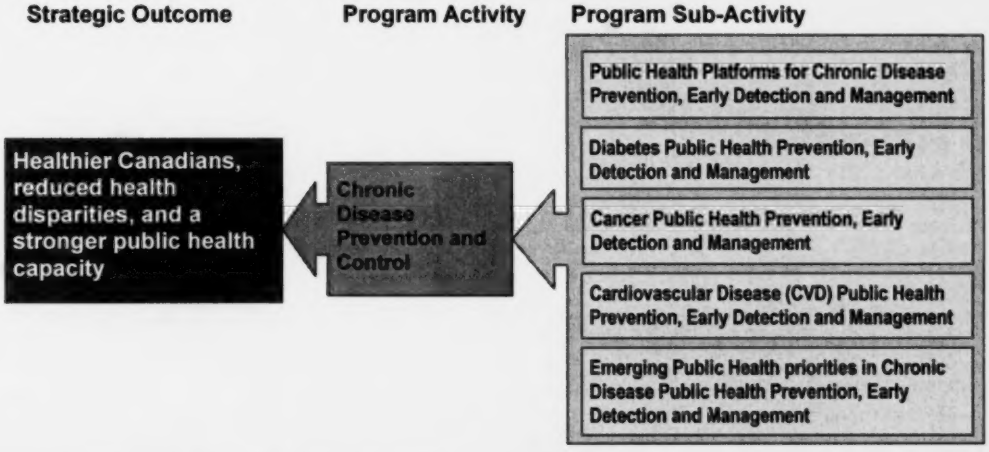
Lessons Learned

Public health promotion is a shared responsibility. There is growing evidence that the most effective initiatives are those where the federal government works in collaboration with partners, stakeholders and other jurisdictions to create the conditions within Canadian communities and targeted population groups to support good health, well-being, and skills for living. This approach to health promotion will continue to guide future Agency initiatives.

The Agency conducts regular evaluations of its projects, to inform project management and learn about the future needs of its clients. In future, it plans more holistic evaluation, to support program cohesion and relevance.

Gaps in the range of collected data created challenges for the Agency. To help reduce information gaps and improve data collection on seniors' falls and injuries, pilot projects using existing data systems were carried out in a number of provinces. This collaboration could lead to ongoing national reporting on seniors' falls.

Program Activity – Chronic Disease Prevention and Control


Strategic Outcome
Program Activity
Program Sub-Activity
Healthier Canadians, reduced health disparities, and a stronger public health capacity
Chronic Disease Prevention and Control
Public Health Platforms for Chronic Disease Prevention, Early Detection and Management
Diabetes Public Health Prevention, Early Detection and Management
Cancer Public Health Prevention, Early Detection and Management
Cardiovascular Disease (CVD) Public Health Prevention, Early Detection and Management
Emerging Public Health priorities in Chronic Disease Public Health Prevention, Early Detection and Management

Financial Resources ($ millions) 2008-09		
Planned Spending	Total Authorities	Actual Spending
69.0	62.4*	52.9**

Human Resources (Full-Time Equivalents) 2008-09		
Planned	Actual	Difference
288	275	13***

*Transfers of Grants and Contributions activities mainly to Health Promotion Program Activity resulted in the $6.6 million decrease between Planned Spending and Authorities.

**As a result of delays in staffing and in the approval and solicitation process for transfer payments, Actual Spending was $9.5 million lower than Authorities.

***Finally, this area was not able to staff 13 Full-Time Equivalents due to difficulty in finding qualified personnel because of low labour market availability for positions requiring unique public health specialization.

Program Activity Expected Result(s): Reduction in age-adjusted incidence, age-adjusted prevalence, and socio-economic burden of chronic disease among Canadians		
Performance Indicator(s)	**Actual Value**	**Performance Summary**
Rate of age-standardized new diagnoses of major diseases (cardiovascular disease, cancer, diabetes, asthma, and Chronic Obstructive Pulmonary Disease) during a one-year period (incidence)	Diabetes (2005-06): 6.4/1,000 (population) Cancer (2006): 400/100,000 (population)	The Agency will have contributed to the prevention of chronic diseases if the age-standardized rate of diagnosed new cases decreases over the next 10 to 50 years. Adjusting for age and presenting the data in the form of a rate enables comparisons over time, since it removes the otherwise conflicting effects of a growing, aging population. Currently, the Agency is a world leader in the collection of diabetes incidence data.

Benefits for Canadians

The Agency worked towards decreasing the rates of chronic diseases and their risk factors to achieve its goal of improving the life expectancy and quality-of-life of Canadians by working in collaboration with governments and stakeholders at all levels to provide leadership in chronic disease prevention and control through chronic disease surveillance; knowledge development and dissemination; and developing strategic frameworks to support federal government decision-making and leadership in addressing the impacts of chronic diseases on Canadians.

Performance Analysis

The Agency supported programs aimed at achieving its long-term goal of reducing the age-standardized incidence, age-standardized prevalence and the socio-economic burden of chronic disease. These programs improve the Agency's capacity for the prevention and mitigation of chronic diseases, such as cardiovascular diseases, chronic respiratory diseases, diabetes and cancer, and their risk factors.

PHAC facts...
In November 2008, the Agency published the *Report from the National Diabetes Surveillance System: Diabetes in Canada, 2008*. This report underscores the 22% increase in prevalence of diagnosed diabetes from 2001-02 to 2005-06, and forecasts an average annual percent increase of 7% in prevalence by 2010-11.

Cardiovascular diseases are chronic, lifelong diseases caused by the interaction between health behaviours, genetic predisposition, and the environment. Treatment can relieve symptoms, improve the quality-of-life, and reduce the possibility of early death. More importantly, cardiovascular diseases can often be prevented by not smoking, regular physical activity, healthy nutrition, healthy weight, early recognition and treatment of high blood pressure and high cholesterol, and effective stress management. With over 1.6 million Canadians living with cardiovascular diseases, the Agency invested $2.3 million in the development of a *Canadian Heart Health Strategy and Action Plan* (2007 to 2009). Led by an independent steering committee, and drawing on 100 experts and consultation with 1,500 stakeholders, this effort provided comprehensive advice on reducing cardiovascular diseases and their impacts. *Building a Heart Healthy Canada*, a companion to the *Heart Health Strategy and Action Plan*, provided a proposed roadmap for improving the heart health of Canadians by identifying and addressing knowledge gaps from prevention to patient care. It is designed to engage individuals, governments, and the private sector in taking a whole-of-Canada approach to heart health.

PHAC facts...
Over three million Canadians cope with one of five following respiratory diseases - asthma, chronic obstructive pulmonary disease, lung cancer, tuberculosis or cystic fibrosis, incurring almost $12.4 billion per year in direct and indirect costs in 2000-01 (Public Health Agency of Canada, 2007, Life and Breath).

The Agency is committed to improving the lung health of Canadians as chronic respiratory diseases are a major leading cause of death. The Agency invested in the development of the stakeholder-led National Lung Health Framework. Taking a "made-in-Canada" approach, this investment resulted in Canada's first national framework to improve the lung health of Canadians by collaborating and coordinating efforts; supporting the sharing of best practices by addressing knowledge gaps; and through policy, programming, research, and leadership.

PHAC facts...
The Agency published *Chronic Diseases in Canada, volume 29:2* which includes an editorial by the Chief Public Health Officer on the social determinants of health and other articles on the National Lung Health Framework.

The Agency worked to identify effective chronic disease prevention programs, to support evaluation, and to share evidence with Canadians about what works. The Agency's designation as a World Health Organization (WHO) Collaborating Centre on non-communicable disease policy illustrates the significant international role the Agency plays. For instance, the Agency, in collaboration with the British Columbia Ministry of Health Services and the WHO, evaluated a whole-of-government pilot project to enhance health promotion in British Columbia. The ActNowBC initiative sets out three targets: to increase physical activity, and fruit and vegetable consumption by 20%, while reducing tobacco use and consumption by 10%. A case study of ActNowBC shows how inter-sectoral partnerships may be used to improve the health of Canadians.

The Agency is involved in international best practices initiatives through the International Polar Year study. Agency researchers were funded to complete a study on the prevalence of type specific human papillomavirus (HPV) infection and cervical dysplasia (pre-cancerous cells) in women of the Northwest Territories to inform the planning and implementation of more effective cancer screening programs in the area. The Agency's Viral Sexually Transmitted Disease Lab developed a rapid test that can identify which of more than 40 different strains of HPV a patient could be infected with, and detect infections with multiple strain types. Research is ongoing into using this test to enhance traditional PAP testing and identify patients that have active infections of the more dangerous HPV strains earlier. In collaboration with the Canadian Public Health Laboratory Network, the Agency is also developing a national proficiency program to support health practitioners in deciding when HPV testing is necessary.

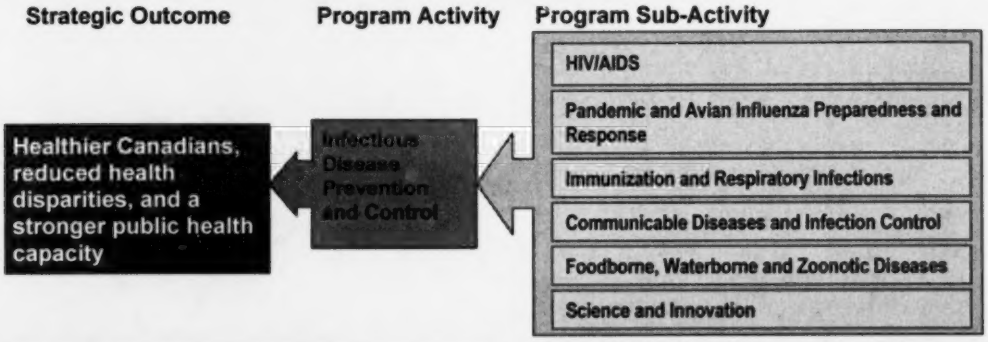
PHAC facts...
According to Canadian Cancer Statistics 2009, 40% of Canadian women and 45% of Canadian men will develop cancer during their lifetime.

The Agency is committed to reducing the burden of cancer in Canada. Cancer information products and tools released or updated include: the annual Canadian Cancer Statistics reports, Organized Breast Cancer Screening Programs in Canada – Report on Program Performance in 2003 and 2004 (2008), cancer surveillance on-line, and the chronic disease infobase. The Agency continued addressing the challenges of childhood cancer by: supporting information-sharing among Canada's 17 paediatric oncology hospitals and treatment centres; monitoring the effects of childhood cancer treatment on adolescents and young adults; and supporting the development of tools and resources that help re-integration into school- and work-settings, following cancer treatment.

Lessons Learned

Opportunities exist for improvement in the dissemination of chronic disease surveillance reports. While the Agency established a process for disseminating annual reports for cancer and diabetes highlights, challenges were experienced regarding the timely release of planned reports on cardiovascular disease and arthritis. Standardized processes will be put into place to ensure information dissemination in a timely and consistent manner.

Program Activity – Infectious Disease Prevention and Control


Strategic Outcome
Program Activity
Program Sub-Activity
Healthier Canadians, reduced health disparities, and a stronger public health capacity
Infectious Disease Prevention and Control
HIV/AIDS
Pandemic and Avian Influenza Preparedness and Response
Immunization and Respiratory Infections
Communicable Diseases and Infection Control
Foodborne, Waterborne and Zoonotic Diseases
Science and Innovation

Financial Resources (Millions) 2008-09		
Planned Spending	Total Authorities	Actual Spending
234.9	273.4*	256.1**

Human Resources (Full-Time Equivalents) 2008-09		
Planned	Actual	Difference
1,101	1,050	51***

*Several new programs were approved during the year, such as Genomics, Canada's Clean Air Agenda, Health, Consumer and Food Products, and a transfer from the Department of National Defence for public security initiatives. Also, funding was received for collective bargaining agreements, non-controllable salary costs, and for the operating budget carry-forward to support increased costs at the National Microbiology Laboratory; as well, as to purchase new and replacement scientific equipment and infrastructure. The result was a $38.5 million increase between Planned Spending and Authorities.

**Amounts were re-profiled to future years for vaccine readiness, clinical trials and antivirals. As well, even though many staffing actions were completed during the year, the Agency was not able to staff all key public health officer positions for surveillance. In addition, there were delays in establishing agreements to fund influenza research and some costs to renovate the Ward Lab were deferred to future years due to the delayed acquisition of the lab from the Province of Manitoba. As a result, Actual Spending was $17.3 million lower than Authorities.

*** This program was unable to staff 51 Full-Time Equivalents because the market availability of qualified personnel with the required public health specialization was low.

Program Activity Expected Result(s): Improvement/maintenance of Canada's international standing regarding the incidence of key infectious diseases

Performance Indicator(s)	Actual Value	Performance Summary
% of provinces and territories offering publicly-funded meningococcal conjugate, pneumococcal conjugate, and varicella vaccines for Canadian children/adolescents	100% - all Canadian provinces and territories offered these vaccines in publicly-funded programs	It is estimated that 80% of Canadian had received the vaccine for pertussis (whooping cough), 57% for meningitis, 52% for varicella (chicken pox) and 26% for pneumonia by 2 yrs of age (2006). Rates of vaccine–preventable diseases have been falling in Canada. The 2004 incidence of whooping cough at 9.7 per 100,000 was significantly below the incidence of 19.2 per 100,000 in 1999[1]. The rate of meningococcal C[2] infections fell from 0.21 per 100,000 in 1999 to 0.13 per 100,000 in 2006. The incidence of rubella (German measles) in Canada has

[1] Source: Canadian National Report on Immunization, 2006 and Notifiable Diseases On-line
[2] Source: *Meningococcal Statement*, Vol. 35, National Advisory Committee on Immunisation, April 2009 and *Notifiable Diseases On-line* (for 1999 data)

		decreased steadily since the implementation in 1996 of a two-dose measles-mumps-rubella (MMR) vaccine.[3]
Reported incidence of key infectious diseases, including HIV/AIDS, Sexually Transmitted Infections (STI), Hepatitis B and C, and Tuberculosis cases per 100,000 people per year	HIV[4]: 8.8 per 100,000 (2007) Chlamydia[5]: 224.0 per 100,000 (2007) Gonorrhoea[2]: 36.1 per 100,000 (2007) Infectious syphilis[6]: 3.7 per 100,000 (2007) Acute hepatitis B [7] incidence: 0.69 per 100,000 (2007) Acute hepatitis C[8] incidence: 1.61 per 100,000 (2007) Tuberculosis (TB) incidence rate: 4.7 per 100,000 (2007) Influenza – 9.8% of the 124,953 lab tests were positive Methicillin-resistant staphylococcus aureus (MRSA[9]): 7.62 per 1000 patient admissions (2007) Vancomycin-resistant enterococcus (VRE[10]): 1.20 per 1000 patient admissions (2007) C. difficile[11]: 4.45 per 1000 admissions (2007)	This rate for HIV has been essentially unchanged for the past 5 years and Canada ranks in the mid-range among developed countries. The prevention and treatment of STIs is a significant public health challenge in Canada. Between 1997 and 2007, rates of chlamydia increased 91%, with approximately 74,000 cases reported in 2007. These reported cases represent only a proportion of the true burden of this infection in Canada. Gonorrhoea and syphilis pose similar concerns. Diagnoses of acute hepatitis B and C declined between 2004 and 2007. As compared to other countries, Canada has low rates of hepatitis B and C. Incidence rates are considerably higher among Aboriginal populations and other identifiable groups, where improved vaccine coverage and other infection control measures would be of benefit. The 2007 incidence rate is the lowest TB rate ever reported in Canada and represents good progress toward the Canadian target of 3.6 by 2015. Much work remains to be done to decrease the high Aboriginal population TB rate. The 2007-08 influenza season was relatively mild overall, with co-circulation of influenza A and B viruses. Lab testing was significantly higher than the previous year's 100,864. There was a slight increase (1%) in the total number of cases of MRSA reported to the Canadian Nosocomial Infection Surveillance Program (CNISP) in 2007. The number of cases of MRSA acquired in the reporting hospitals decreased in 2007 by 8%; whereas there was an increase in the number of community-associated MRSA (CA-MRSA) of 6%. VRE cases acquired in reporting CNISP hospitals increased in 2007 by 6% whereas there was a 2% decrease in the number of reported community-associated cases. Rates of C. difficile and associated deaths (4.8 deaths per 100 cases) are similar to previous years.

[3] Source: *Supplement to the Canada Communicable Disease Report, Vol. 34S2, March 2008*
[4] Per 100,000 persons age 15+
[5] Genital and extra-genital cases
[6] Primary, secondary and early latent cases
[7] Diagnoses reported in routine surveillance system and the Enhanced Hepatitis Strain Surveillance System (EHSSS)
[8] Diagnoses reported in EHSSS
[9] Reported rate in Intensive Care Unit (ICU) sentinel acute care hospitals participating in the Canadian Nosocomial Infection Surveillance Program (CNISP)
[10] Reported in ICU sentinel acute care hospitals participating in CNISP
[11] Reported in ICU sentinel acute care hospitals participating in CNISP

Benefits for Canadians

The Agency worked to decrease the number of Canadians affected by infectious diseases; maintain and enhance quality of life; reduce complications and premature deaths related to infectious diseases; and decrease the personal, social and economic burden of infectious diseases for individuals and society.

Performance Analysis

Public health surveillance involves the routine analysis of systematically-collected health data to guide timely public health action. Surveillance is critical to Canada's ability to anticipate, prevent, identify, monitor, and respond to infectious diseases – and to the federal government's ability to design, deliver and evaluate public health activities. As such, the Agency collaborated with federal departments and agencies and other levels of government, as well as health professionals, hospitals and laboratories across the country to deliver and improve infectious disease surveillance programs.

Laboratories within the Agency focused on enhancing analytical, diagnostic and research capabilities to facilitate the identification of new disease agents, link infectious disease cases and combat disease transmission. Surveillance publications include the Canada Communicable Disease Report, Respiratory Virus Detections/Isolations in Canada, and the 2007 Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS) Preliminary Report. These publications are accessible to public health professionals and the public to inform decision making and guide public health responses

The Agency provided funding to support childhood immunization programs. This enabled Canadian children to receive, at no cost to their families, vaccinations protecting them from such life-threatening diseases as meningitis, chicken pox, whooping cough, and pneumonia. The Agency also assisted the provinces and territories in providing publicly-funded human papillomavirus (HPV) immunizations to reduce the risk of cervical cancer.

PHAC facts...
The HPV vaccine program is expected to reduce the incidence of cervical cancers in Canada by 60% within 30 years of introduction of an HPV vaccination program and mortality due to cervical cancer by 60% within 35 years.

Programs funded by the Agency foster federal, provincial and territorial cooperation to provide equitable access to immunization protection across the country, contributing to the prevention of diseases caused by infectious agents. To support the Canadian HIV Vaccines Plan and to contribute to the global response, the Agency led the Canadian HIV Vaccine Initiative, a joint initiative with Health Canada, the Canadian Institutes of Health Research, the Canadian International Development Agency, Industry Canada, and the Bill & Melinda Gates Foundation. Applications were received from interested not-for-profit corporations willing to build and operate a pilot scale facility to manufacture test vaccines. The process of selecting the best application could not be completed during the fiscal year as planned due to the requirement for extensive consultations. Consultations and selection are expected to be completed during 2009-10.

PHAC facts...
An interim evaluation of the Agency's National Immunization Strategy found that it continues to be relevant. Specific gaps were identified in public health research, coordination, sustainable funding, and attention to special populations such as mobile populations, immigrants, Aboriginal peoples. The Agency developed a Management Response Action Plan to address the gaps.

The Agency continued to lead the Federal Initiative to Address HIV/AIDS in Canada, a partnership that includes Health Canada, the Canadian Institutes of Health Research and Correctional Services Canada. The Agency provided $21.7 million to community-based organizations to carry out 164 national and front-line activities across Canada. These activities were designed to produce results such as improved access to more effective prevention, diagnosis, care, treatment and support for populations most affected by HIV/AIDS in Canada.

The Agency maintained and published guidelines for the prevention, diagnosis, treatment and management of health conditions including sexually transmitted infections, hepatitis C, HIV/AIDS and tuberculosis. The Agency's Infection Control Guideline Series is used by health care providers, governments and other institutions as a source of best practice information for the prevention and control

of infections in hospitals, nursing homes, and home care situations. With the Canadian Liver Foundation and the Canadian Ethnocultural Council, the Agency participated in the preparation and distribution of the *Primary Care Management of Chronic Hepatitis C – Professional Desk Reference 2009*. As well, the Agency supported the Canadian Liver Foundation's publication of *Healthy Living with Hepatitis C* to inform those infected on how to live well, in addition to serving as a resource tool for health care providers to help others enhance their quality of life and minimize potential health complications.

The Agency continued to develop science and research capabilities to enhance its role as a national resource by focusing on infectious disease prevention, diagnosis and control. This included the application of biotechnologies and genomics to population health, and mitigation of human illnesses arising from the interface between humans, animals, and the environment. The Agency's research work has generated approximately 118 patents. During 2008-09, the Canadian Network for Public Health Intelligence (CNPHI), a web-based surveillance application, was licensed for commercialization.

PHAC facts...
The Agency maintains unique mobile laboratory capacity that can be rapidly deployed to assist at public health crises anywhere in Canada or the world. A mobile lab participated in simulations preparing for possible emergencies at the Vancouver 2010 Winter Olympics.

Reference microbiology services and associated research undertaken by the Agency are key to characterizing, monitoring and responding to disease outbreaks. Agency laboratories in Winnipeg and Guelph perform approximately 57,000 specialized tests per year. During the national Listeriosis outbreak, the Agency analysed genetic "fingerprints" that linked the source of contamination to cases of human illness. Key diagnostic tests performed by Agency laboratories have been accredited to International Organization for Standardization (ISO) requirements, providing assurance of quality and consistency. Agency scientists conduct research into the means by which known and emerging infectious diseases can be prevented and treated. This research has been published in more than 300 national and international journals in the last three years alone. Research into known and emerging infectious diseases, their characteristics, and the means by which they can be transmitted, prevented and treated generates science-based evidence for the development of public health policies, programs and services as well as the discovery of new therapies and treatments.

PHAC facts...
In collaboration with provincial and territorial governments, the Agency led a process culminating in the launch of FightFlu.ca. This is the first time that the three levels of governments have collaborated to ensure timely, consistent and relevant information on influenza is available to Canadians from a single source, with links to specific resources in each province and territory.

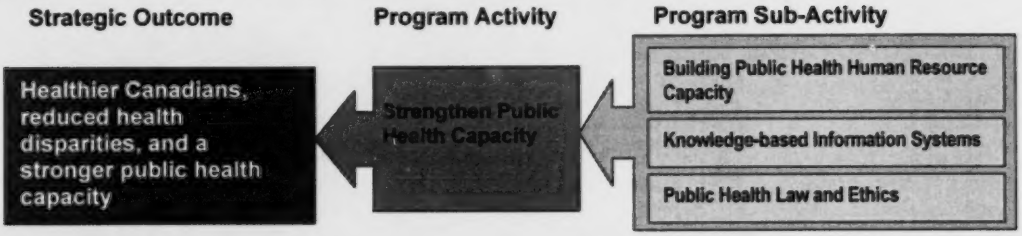
To increase Canada's pandemic preparedness, the Agency purchased 14.9 million additional antiviral doses for the National Emergency Stockpile System, increased the National Antiviral Stockpile to 55.7 million doses, updated Canada's Pandemic Influenza Plan for the Health Sector, and launched FightFlu.ca.

Lessons Learned

The December 2008 review of the Listeriosis outbreak identified, as one of the lessons learned, a need for more formalized approaches in determining, declaring, discussing, documenting, and debriefing outbreaks and suspected outbreaks.

During 2008-09 the Agency received feedback from the OAG regarding the surveillance of infectious diseases. In the context of OAG recommendations, the Agency moved forward with its Surveillance Strategic Plan. Key lessons learned include the importance of collaboration with the Canadian Food Inspection Agency to assess possible risks to human and animal health, and jointly act on surveillance initiatives. Also, the report identified the need for the Agency to complete legislative reviews, and where necessary, seek additional legislative and regulatory authorities to conduct infectious disease surveillance.

Program Activity – Strengthen Public Health Capacity


Strategic Outcome
Program Activity
Program Sub-Activity
Healthier Canadians, reduced health disparities, and a stronger public health capacity
Strengthen Public Health Capacity
Building Public Health Human Resource Capacity
Knowledge-based Information Systems
Public Health Law and Ethics

Financial Resources ($ millions) 2008-09		
Planned Spending	Total Authorities	Actual Spending
44.1	44.8	42.1*

Human Resources (Full-Time Equivalents) 2008-09		
Planned	Actual	Difference
249	237	12**

*Although significant progress was made during the year on staffing, the Agency was not able to staff all key Skilled National Public Health Workforce positions, resulting in Actual Spending being $2.7 million lower than Authorities.

**Due to delays in the staffing process resulting from difficulty in finding qualified personnel because of low labour market availability for positions requiring unique public health specialization, this area was not able to staff 12 Full-Time Equivalents.

Program Activity Expected Result(s): Enhanced ability of public health organizations to carry out their core public health responsibilities

Performance Indicator(s)	Actual Value	Performance Summary
Percentage of provinces, territories, local jurisdictions and other federal departments and agencies involved in public health using the public health core competencies to guide professional development	Target: 100% by March 31, 2014	A set of core competencies for public health professionals were developed to provide a foundation for enhanced education and professional development of public health workers across Canada. Use of the competencies by provinces, territories, local jurisdictions and other federal departments and agencies is an indication that they have value and are helping to strengthen the capacity of public health organizations to carry out their core public health responsibilities.
Proportion of evaluated surveillance systems that meet Agency's evaluation quality standards	100%	Surveillance systems are an essential foundation of public health capacity. This indicator shows the proportion of surveillance systems enhancing Canada's capacity to carry out core public health responsibilities. Two of the Agency's 56 surveillance systems - the Transfusion Transmitted Injuries Surveillance System; and the Cells, Tissues and Organ Surveillance System - were evaluated. Both met the evaluation quality standards.

Benefits for Canadians

The Agency worked to strengthen public health capacity in Canada by enhancing public health human resources, knowledge-based and surveillance activities, and the legal and ethical components of Canada's public health system. These activities helped the Agency support effective public health practice across Canada and internationally, and to anticipate and respond to the health needs of Canadians in health emergencies and provide leadership on chronic disease prevention and control.

Performance Analysis

The Agency is committed to strengthening public health capacity to meet the public health needs of Canadians. The Agency helped to strengthen public health capacity by working with national and international partners to develop formal understandings, tools, applications, practices, programs and training that supported, improved and expanded the capacity of public health practitioners across Canada.

PHAC facts...
The Agency's Skills Online offers high quality online continuing education modules for public health practitioners at all levels across Canada. It is a key tool to support the core competencies for public health. In 2008-09, there were approximately 1,600 participants completing Skills Online modules.

Knowledge and information systems were used to strengthen public health capacity by setting national frameworks for public health information such as the Privacy Management Framework; standards for surveillance and population health assessment; and fostering informed policy and program development. The Agency promoted innovative tools and solutions such as a web-based tool kit that supports the Privacy Management Framework. The Agency provided support to the National Collaborating Centres for their knowledge translation activities, and provided data access and knowledge products useful for professionals across the Agency. Essential secretariat and leadership support was also provided to the Surveillance and Information Expert Group of the Public Health Network. This support contributed to approval of a *Memorandum of Agreement on Information Sharing during Public Health Emergencies* by a majority of provinces and territories, with the intention for it to be signed by every province and territory.

PHAC facts...
The Canadian Public Health Service provides an opportunity for public health organizations to request a qualified and fully-supported Public Health Officer to assist with projects or programs that have been identified as gaps in their ability to fulfill their mandate.

The Agency provided information (e.g., population health surveys, morbidity, mortality, health costs, etc.) to evaluate existing health programs; identified areas for improvement and program development; adopted a policy on data quality; negotiated with data suppliers including Statistics Canada, the Canadian Institute for Health Information, and private sector data suppliers for access to extensive morbidity and mortality data; and oversaw the implementation of a surveillance strategic plan. These activities are examples of the analytical, coordination and leadership functions of the Agency, which serve to strengthen the capacity of Canada's public health system to protect and promote the health of Canadians.

Public health human resources were strengthened by providing training opportunities, delivering distance learning in public health, identifying competencies for public health, providing scholarships and bursaries for research work and career advancement in public health, deploying human resources in support of surveillance and disease control as part of surge capacity in jurisdictions and negotiating with Agency partners for these deployments across Canada. For example, the Agency's Canadian Field Epidemiology Program (CFEP), a specialized training mechanism for Canadian Public Health Professionals, is in its 34th cohort (offering). This two year apprenticeship program provides Field Epidemiologists with structured and hands-on training to improve their skills. The CFEP assisted in 16 public health events, four of which were international missions related to polio. These missions strengthened our capacity to respond to public health outbreaks, and our partnerships with organizations like the Canadian Public Health Association and the WHO.

Public health law and ethics analysis was provided to practitioners to strengthen their knowledge base and competencies in applying law and ethics to public health practice. Workshops were held to provide consultation and discussion opportunities and for sharing best practices with legal and medical professionals.

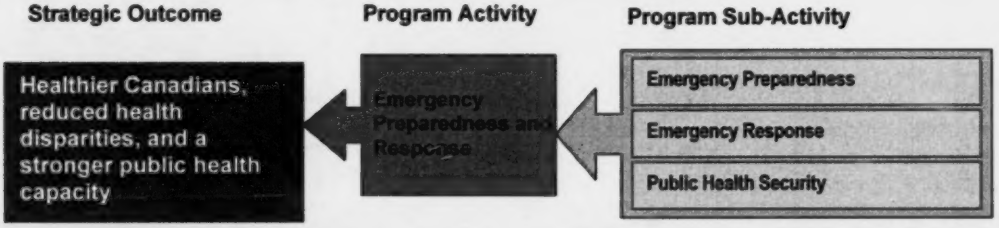
PHAC facts...
The Agency's Buffet Busters program received a 5-star review from *Biotechnology Focus*, a leading industry publication. Buffest Busters is a web-based education program that includes a teachers' guide, along with four animated outbreak scenarios that blend problem solving and scientific analysis in a fun interactive way.

All work planned in the RPP for 2008-09 was achieved with the exception of providing logistical support for the work of the Public Health Human Resources Task Group of the Public Health Network. This work was postponed by the Council of Deputy Ministers of Health pending completion of a review of the Public Health Council. Work on Enumeration, Education, and Core Competencies committees is expected to go forward during 2009-10.

Lessons Learned

A major barrier to the training of public health professionals is limited time, which affects participation rates. The Agency is exploring innovative training formats, and ways of assisting organizations to support providing employees with sufficient time for training. As well, the challenges of formalizing agreements with provinces and territories on sharing information in support of public health surveillance are significant. The Agency must maintain good working relationships which enable collaboration and information sharing while the formal agreements are being developed.

Program Activity – Emergency Preparedness and Response



Financial Resources ($ millions) 2008-09		
Planned Spending	Total Authorities	Actual Spending
39.1	34.5*	30.9**

Human Resources (Full-time Equivalents) 2008-09		
Planned	Actual	Difference
271	258	13***

*Due to a re-alignment of funding between program activities, Authorities were $4.6 million lower than Planned Spending.

**Delays in procurement which deferred program rollout, and the security clearance process which caused delayed staffing, resulted in contracts not beginning as planned, thus affecting overall program expenditures. Therefore, Actual Spending was $3.6 million lower than Authorities.

***Due to high demand for a scarce resource and economic constraints imposed by federal government hiring processes, the program was unable to staff 13 Full-Time Equivalents.

Program Activity Expected Result(s): Canadians and their public health institutions respond rapidly and effectively to public health emergencies

Performance Indicator(s)	Actual Value	Performance Summary
% of Emergency Operations Centre activations within time standards (24 hours)	100%	There were two emergency responses where the Emergency Operations Centre was activated upon program request: Listeriosis tainted meat, and Melamine contamination in food. The Health Portfolio Emergency Operations Centre (HPOC) was also activated on January 22, 2009 for a presumptive H5 avian influenza outbreak on two British Columbia poultry farms, after notification by the Canadian Food Inspection Agency. No animal to human transmission occurred. After determining that the situation was an animal-health issue, the HPOC was de-activated on January 28, 2009.
Response time	Within 24 hours	The National Emergency Stockpiles System (NESS) responded within 24 hours to provide emergency supplies to the Prince Albert, Regina and North Battleford regions to support reception centers established for forest fire evacuees in Northern Saskatchewan.

Benefits for Canadians

The Agency worked with domestic and international governments and stakeholders to protect the public health safety and security of Canadians from natural events and disasters, accidents or criminal and terrorists' acts, and highly infectious diseases by strengthening Pan-Canadian emergency preparedness through the development of operational plans, processes and tools that support improved interoperability and response capabilities during emergencies.

Performance Analysis

Preparedness

The Agency provides quarantine services with a 24/7 response for all international points of entry. To aid agreements on mandates, roles, and responsibilities, the Agency continued the development of a Framework for Cooperation with provincial, territorial and local public health authorities. In addition, a Quarantine Service Level Review was conducted which led to new operations hours. These accomplishments further enable the Quarantine Act to assist in the prevention of the introduction of communicable diseases of national and international public health concern into and out of Canada.

The Agency continued to respond in a coordinated and efficient manner to support provincial, territorial and local governments in the management of health emergencies through joint exercises and the establishment of emergency teams. The Agency established and trained one Health Emergency Response Team (HERT) that can provide surge capacity to a province or territory during an emergency. In support of the federal, provincial and territorial memorandum of understanding on mutual aid, the Agency will be establishing a national roster of medical responders and emergency personnel with specialized training in disaster response for the HERT. The key activities included engagement of a Senior Medical Advisor and establishment of a Health Emergency Readiness Review Committee; contracting of 80 medical HERT members; and provision of a two day preparedness and response training to 75 HERT members.

The Agency is the emergency communications hub for the Global Health Security Initiative (GHSI) member countries in response to Chemical/Biological/Radiological/Nuclear and pandemic threats. It is working with the European Commission to establish an emergency communications back-up system with proper technical support and capabilities. The Agency is a key partner in the development of an early alerting and reporting system for GHSI member countries.

PHAC facts...
The Agency worked on pandemic planning and disaster psychosocial training. The exchange of emergency management information and best practices addressed common cross border concerns.

Under the leadership of the Federal, Provincial and Territorial Expert Group on Emergency Preparedness and Response, the Agency developed a *Pandemic Influenza Exercise Tool-Kit for the Health and Emergency Social Services Sectors*. Its purpose is to provide standardized templates for generic, scalable tabletop exercises that can be used by health agencies and their health care and governmental partners for training, building relationships, and plan evaluation.

There is increasing recognition and expectation for public health preparedness and response during mass gatherings such as the Francophone Summit, the G-8 Summit, and the 2010 Winter Olympics. The Agency has health portfolio mass gathering plans that enhance its preparedness capacity to ensure the health, safety, and security of Canadians during situations that bring people together. Preparedness plans strengthen public health emergency preparedness and response capacities and reduce recovery time to protect Canadians from potential harm.

PHAC facts...
The 2008 National Forum on Emergency Preparedness and Response was held in Winnipeg with the theme of *The Right Stuff at the Right Place: Building Surge Capacity in Canada* to discuss issues, challenges and opportunities around strengthening surge capacity. The forum looked at all types of emergencies, resources required and levels of operations. A half-day Mass Casualty Table Top Exercise was also conducted.

Response

The Agency's National Emergency Stockpile System (NESS) has the ability to ship health supplies anywhere in Canada within 24 hours/7 days a week. The stockpile system was activated for two

emergencies. Emergency supplies were issued to Prince Albert, Regina and North Battleford regions to support Reception Centers established for forest fire evacuees in Northern Saskatchewan on June 29, 2008. Support was provided to the Sunrise Propane explosion and evacuation in Toronto, Ontario on October 13, 2008.

The Agency's Global Public Health Intelligence Network provided critical early-warning surveillance information on various public health threats including avian influenza, Listeriosis tainted meat, Melamine contamination in baby food, Salmonella in peanut butter and Ebola Reston Virus in pigs. The surveillance information was available to Canadians, international partners and WHO officials in nine languages on a 24/7/365 basis. In addition, the interoperability of the Health Portfolio Emergency Operation Centre (EOC) in Ottawa, the National Microbiology Laboratory EOC and the regional emergency coordination centres was achieved - an important step for a coordinated response to public health emergency management.

The Agency has a regulatory mandate under the *Human Pathogens Importation Regulations*. Under this mandate, the Agency issued 1,466 importation permits; approved 11 new biocontainment facility safety procedures; inspected 6 new biocontainment facilities; and issued 2 new biocontainment certifications. Certification and re-certification is ongoing in 56 biocontainment facilities.

PHAC facts...
The Government tabled Bill C-11, the *Human Pathogens and Toxin Act* in the House of Commons on February 9, 2009. It received Royal Assent on June 23, 2009. This Act establishes and promotes a safety and security regime within Canadian laboratories to protect the health and safety of Canadians against the risks posed by human pathogens and toxins.

The Agency's Office of Laboratory Security analysed 14 submissions consisting of 21 samples from suspicious packages in the National Capital Region for the presence of agents of bioterrorism. This included biological triage support for the February 2009 US Presidential Visit to Ottawa. The Agency provided instructors and training materials for the biological component of Public Safety of Canada's Chemical/Biological/ Radiological/Nuclear First Responder Training Program Intermediate course. The training was provided to First Responders from across Canada. The Agency also worked with Transport Canada, provinces and territories to improve protocols and training for the Emergency Response Assistance Plan which deals with national transportation emergencies involving dangerous human pathogens. A manual and an instructional DVD were created by the Agency and will be distributed to Emergency and Response Preparedness teams.

During the Listeriosis outbreak linked to ready-to-eat meats, the Agency's investment in the Canadian Network for Public Health Information enabled the sharing of information among local, provincial, territorial and federal organizations. Since the outbreak, the *Foodborne Illness Outbreak Response Protocol to Guide a Multi-jurisdictional Response* was re-visited to guide a multi-jurisdictional response with a special emphasis on ensuring linkages between outbreak response protocols and emergency response policies, plans and procedures.

Lessons Learned

The Agency conducted and participated in multi-party real-time exercises which tested emergency preparedness and response readiness and protocols for public health emergencies. These exercises demonstrated that the contributions of voluntary sector organizations, which are often among the first responders during emergencies, and which remain after emergencies to assist in the recovery and rebuilding phases to develop community capacity and sustainability, are vital in emergency management.

Information sharing is an essential ingredient of public health emergency management. The report of the Auditor General (referenced in the Risk Analysis subsection) and the Listeriosis outbreak highlighted areas where information sharing needs to be improved, so a challenge the Agency faces is the need to complete development of information sharing mechanisms with relevant departments and stakeholders in the event of food borne outbreaks and other public health emergencies of national and international significance.

Supplementary Information

Section III

Management Priorities

In response to the Clerk of The Privy Council 2008-09 Public Service Renewal Action Plan, the Agency launched its 2009-10 Integrated Operational Planning process in the Fall 2008. The process was an Agency first and was designed to address all aspects of planning including internal services, internal resource allocations/reallocations and Strategic Review findings. In support of Strategic Review, the Agency conducted an international benchmarking study of public health organizations. This work will enable long term comparisons to ensure that the Agency continues to strive for public health excellence.

As condition of Treasury Board Strategic Review approval letter, the Agency completed work commenced in the Fall 2008 by renewing the Agency's PAA and finalizing a PMF. The renewed PAA provides more granularity to support future reviews. The Agency will continue to make refinements, improvements and integrate the PAA into its ongoing work agenda. As part of the improvement agenda, this DPR represents a transition to the Agency's new PMF by providing baseline performance information from previous years.

The Agency developed an Integrated Risk Management Framework to support its work, including the implementation of the management response to the *May 2008 OAG Report on the Surveillance of Infectious Diseases,* and the MAF. As a management tool, the MAF has enabled the identification of Areas of Management that require improvement such as business continuity planning, information, asset and project management, procurement and citizen-focused service.

Lessons Learned

The overarching challenge in a public health environment is addressing business as usual in an environment where public health issues continue to impact regular monitoring and the fulfilment of plans and priorities as scarce resources are re-allocated internally. Capacity to address multiple competing demands remains a taxing issue and a risk.

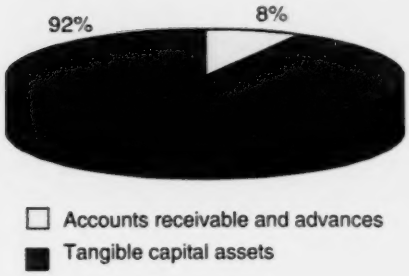
Financial Highlights

Condensed Statement of Financial Position for the year ended March 31	% Change	2009	2008
ASSETS	(3%)	73,927,460	76,150,383
LIABILITIES	(21%)	143,571,401	181,365,470
EQUITY	(34%)	(69,643,941)	(105,215,087)
TOTAL	(3%)	73,927,460	76,150,383

Condensed Statement of Operations for the year ended March 31	% Change	2009	2008
EXPENSES	(1%)	602,978,580	607,098,260
REVENUES	(46%)	283,746	525,261
NET COST OF OPERATIONS	(1%)	602,694,834	606,572,999

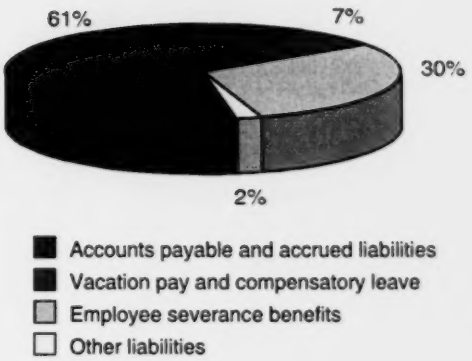
Financial Highlights Charts

Assets by Type



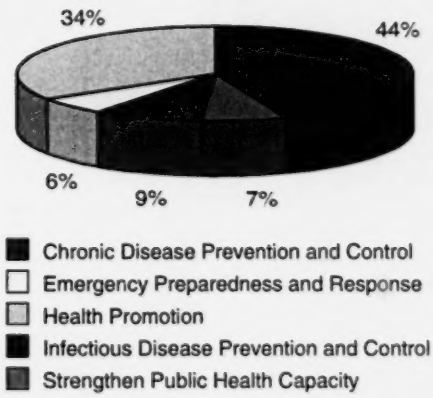
Total assets were $73.9 million, a decrease of $2.2 million over the previous year's total of $76.2 million. Tangible capital assets represented $68.0 million (92%), while accounts receivable and advances represented $5.9 million (8%) of total assets.

Liabilities by Type



Total liabilities were $143.6 million, a decrease of $37.8 million over the previous year's total of $181.4 million. Accounts payable and accrued liabilities represent the largest portion of liabilities at $88.6 million or 61% of total liabilities.

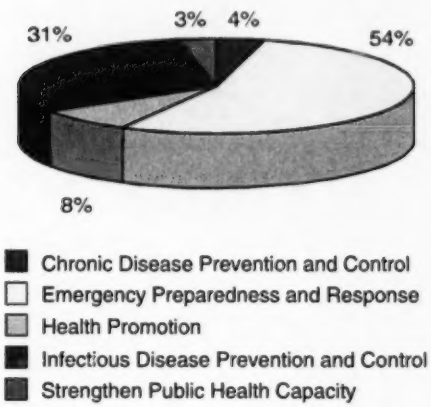
Expenses - Where Funds Go



Total expenses for the Agency were $603 million. The Agency spent $265.1 million (44%) on Infectious Disease Prevention and Control, $204.9 million (34%) on Health Promotion, $55.7 million (9%) on Chronic Disease Prevention and Control, $44.0 million (7%) on Strengthen Public Health Capacity, and $33.3 million (6%) on Emergency Preparedness and Response.

The Agency receives most of its funding through annual Parliamentary appropriations. The Agency does however generate revenue from program activities. All cash received by the Agency is deposited to the Consolidated Revenue Fund (CRF) and all cash disbursements made by the Agency are paid from the CRF. The Agency's total revenue was $283.7 million of which $73,200 is respendable.

Revenues - Where Funds Come From



Financial Statements

The agency's 2008-09 Financial Statements are available online.

List of Supplementary Information Tables

All electronic supplementary information tables for the 2008-09 Departmental Performance Report can be found on the Treasury Board of Canada Secretariat's website at: http://www.tbs-sct.gc.ca/dpr-rmr/2008-2009/index-eng.asp.

Table 1: Sources of Respendable and Non-Respendable Revenue
Table 2: User Fees/External Fees
Table 5: Details on Transfer Payment Programs (TPPs)
Table 7: Horizontal Initiatives
Table 8: Sustainable Development Strategy
Table 9: Green Procurement
Table 10: Response to Parliamentary Committees and External Audits
Table 11: Internal Audits and Evaluations